



Electronic Submissions Program Update

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Discussion Points

- ◆ History – Significant Milestones
- ◆ Program Goals
- ◆ Submission & Review Tools
- ◆ Gateway Development Effort
- ◆ Adverse Event Reporting
- ◆ Secure Email Upgrade (Reg. Communication - attachments)
- ◆ Electronic Signature/Regulatory Correspondence Pilot
- ◆ Summary

History - Significant Milestones

Establishment of ERSR program within CBER (5/96)

First contemporary CBER Electronic Submission (CAPLA) – 8/96 - Amgen

Implementation of Electronic Submission Standards 8/98

Implementation of Electronic Submission Management Paradigm. Our present demo process – (8/98)

Decision to make the roadmap.pdf file a central feature in all CBER electronic submission – 6/99 (This file, which is a correspondence history is the basis for the eCTD XML backbone)

First electronic IND (received as part of CBER's eIND pilot program) 10/25/99 - Merck

History - Significant Milestones

◆ EDR

- Pilot – March 2000
- Production – July 2000
- ESM & eRouting – July 2002
- New EDR Interface – Oct 2002 (all active electronic and paper applications represented in the EDR)
- New EDR Interface – being developed

◆ Receipt of Electronic only Biologic License Applications – June 2000

History - Significant Milestones

- ◆ Establish ESM and eRouting Pilot Program for INDs – August 2002
- ◆ Received first electronic regulatory amending submission with an electronic digital signature for review via secure email – September 2002
- ◆ Received first electronic only Original Submission of an IND – October 2002
- ◆ Role out of ESM and eRouting to CBER – October 2002
- ◆ Able to receive Blood Establishment Registration and Product listing – electronic only – (11/2002)

History - Significant Milestones

- Implemented electronic routing and direct data entry capability for electronic BLA's (3/2003)
- Developing necessary infrastructure to manage eCTD based submissions (3/2003)
- Implementation of Secure Email – Regulatory Communications with attachment up to 50 MB for all applications within the EDR (11/2003)
- Ability to electronically route and sign CBER Official Regulatory Correspondence (Pilot Started 12/2003)

History - Significant Milestones

- › Capability to disseminate Official Regulatory Correspondence Electronically implemented (Pilot Started 12/2003)
- › All CBER Official Regulatory Correspondence archived within the EDR (Pilot Started 12/2003)
- › Able to receive Pre-Marketing adverse events via secure email (12/2003)

History - Significant Milestones

Guidance Documents

- **January 1999**; Guidance for Industry: Providing Regulatory Submissions in Electronic Format – General Considerations
- **November 1999**; Guidance for Industry: Providing Regulatory Submission to the Center for Biologics Evaluation (CBER) in Electronic Format – Biologics Marketing Applications (BLA)
- **January 2001**; Guidance for Industry: Providing Regulatory Submissions in Electronic Format – Prescription Drug Advertising and Promotional Labeling
- **May 2001**; Guidance for Industry: Providing Regulatory Submissions in Electronic Format - Postmarketing Expedited Safety Reports
- **March 2002**; Guidance for Industry: Providing Regulatory Submissions in Electronic Format – Investigational Drug Applications (IND)

History - Significant Milestones

Guidance Documents (continued)

- **June 2003**; Draft Guidance for Industry: Providing Regulatory Submissions in Electronic Format--Postmarketing Periodic Adverse Drug Experience Reports
- **August 2003**; Draft Guidance for Industry: Providing Regulatory Submissions in Electronic Format--Human Pharmaceutical Product Applications and Related Submissions
- **October 2003**; Draft Guidance for Industry: Providing Regulatory Submissions in Electronic Format - General Considerations
- **To be Released**; Guidance for Industry: Providing Regulatory Submissions to CBER in Electronic Format - Investigational Device Exemption (IDEs)

History - Significant Milestones

- ◆ WDK 5 Documentum upgrade starts – 3/2004
- ◆ Enterprise Architecture Business Processes Documentation Completed – target 5/2004
- ◆ First eCTD submission – xx/2004
- ◆ First eCTD-eIND – xx/2004
- ◆ Integration of CBER and CDER secure email paradigm - xx/2004
 - Starting with certificate central management (S/MIME)
- ◆ Begin Implementation of New FDA Gateway – xx/2004

Program Goals

- › Assist the reviewer community in meeting PDUFA goals
- › Provide reviewers with intuitive, standard presentations and tools
- › Establish electronic submissions standards and guidance
- › Provide the ability to manage all CBER submission types, starting with INDs, BLAs, and Promotional Labeling
- › Enable CBER to meet their PDUFA, FDAMA and MDUFMA mandates and timelines
- › Decrease administrative processing time
- › Decrease processing time in order to facilitate reviewer access to regulatory submissions through the use of programmatic infrastructure

Submission & Review Tools

◆ Electronic Document Room (EDR)

- Core system for CBER electronic submissions
- Acts as the final submission and internal document repository/archive for all active submissions (i.e., paper and electronic)
- Provides the user interface through which reviewers access, download, and review submissions
- Interfaces to corporate databases for submission data (i.e., BIMS, RMS/BLA)

Submission & Review Tools

- ◆ Electronic Secure Messaging (ESM)
 - Provides a secure communications channel between CBER and Industry
 - Enables
 1. **The submission of electronically signed and encrypted regulatory amendments to preexisting electronic applications in a fully automated fashion**
 2. **Application based secure communication with Industry for all active paper and electronic submissions**
 3. **The submission of Pre-Marketing Adverse Events**

Submission & Review Tools

◆ Electronic Signature

- Digital signatures fully compliant with 21CFRPart 11
- Utilizes Adobe and VeriSign certificates, with future plans for additional vendor support
- Digital Signature being deployed to facilitate the signing, archiving and dissemination of regulatory correspondence

Submission and Review Tools

➤ E-Routing

- Provides fully electronic workflow for the routing of INDs and BLA submissions
- Simple electronic forms (paper based forms presented as electronic formwork) presented to RPMs. These forms allow RPMs to perform direct data entry of regulatory information into corporate databases
- Notifies reviewers of new submissions
- Includes information extracted from pdf smart forms
 - ◆ 1571 item 11
 - ◆ 3500A the text that describes the actual adverse event



Adverse Event Reporting

◆ Premarketing Submissions

- IND
- IDE

◆ Implemented 12/03 – GeMCRIS

◆ Secure Email Delivery System

◆ Features pdf smart form technology

- 1571 and 3500A on FDA Forms Webpage
- Acrobat Reader 6.0 enabled
- Data Extracted and Archived
- Reviewer receives email with text of Adverse Event



Adverse Event Reporting

- ◆ GeMCRIS – Gene Modification Clinical Research Information System
- ◆ Collaborative Effort - NIH and FDA
- ◆ Database
 - Clinical Trials/Development
 - Safety Reporting
- ◆ FDA receives reports electronically via secure email conduit and sends data programmatically extracted from the forms for G&C clinical trials to the NIH via email

Adverse Event Reporting

- ◆ PDF technology

- ◆ Reasoning

- Leverage functioning infrastructure
- Enable Academic Institutes into venture in this space
 - ◆ Email common to all organizations
 - ◆ CBER can issue S/MIME certificates to Academic Institutions
 - ◆ Acrobat Reader enabled forms
 - Fill-able
 - Sign-able

Adverse Event Reporting

- › Reviewers (i.e. RPM, Clinical, and Product Reviewer noted in BIMs) notified via their Outlook accounts of the arrival of a secure email delivered Adverse Event
- › EDR archival repository
- › Forms archived in appropriate application folder
- › Reviewers can easily access AE clinical development information even for paper-based submissions
- › Every active IND and IDE within CBER eligible
- › Virtually no infrastructure/programming cost to utilize programmatic capabilities

Secure Email

◆ Options

- Delivery of amending submissions to previously existing electronic submissions
- Regulatory Communications

◆ Highlighting 2nd Option of Paradigm

◆ Regulatory Communications

◆ Scope

- All Active Applications
- Text and attachments
- Attachments – 50 megabytes
- Not for delivery of amendments

Secure Email

Use

- Discussions with applications review team
 - ◆ Paper based submissions and electronic submissions
- Sending of Attachments for Informal Review
 - ◆ Replace fax
 - ◆ Information automatically archived
 - ◆ Reviewers notified of the receipt of a secure email message
 - ◆ Reviewers can send secure email messages
 - ◆ RPM = Gate Keeper
 - ◆ Do not incorporate any FDA forms or the roadmap.pdf file.
 - ◆ Do not incorporate the following form filenames for 1571s or 356hs

Official Regulatory Correspondence

- New Pilot Program
- Scope: Electronically Signing and Archiving Official Regulatory Correspondence (i.e., Admin and Review) and archiving them within the EDR
- Intention: To send a Sponsor an electronic copy of the review or administrative correspondence for their application if a secure email connection is available
- Office of Cellular Tissue and Gene Therapy
- Will be expanded to all Product Review Offices within CBER

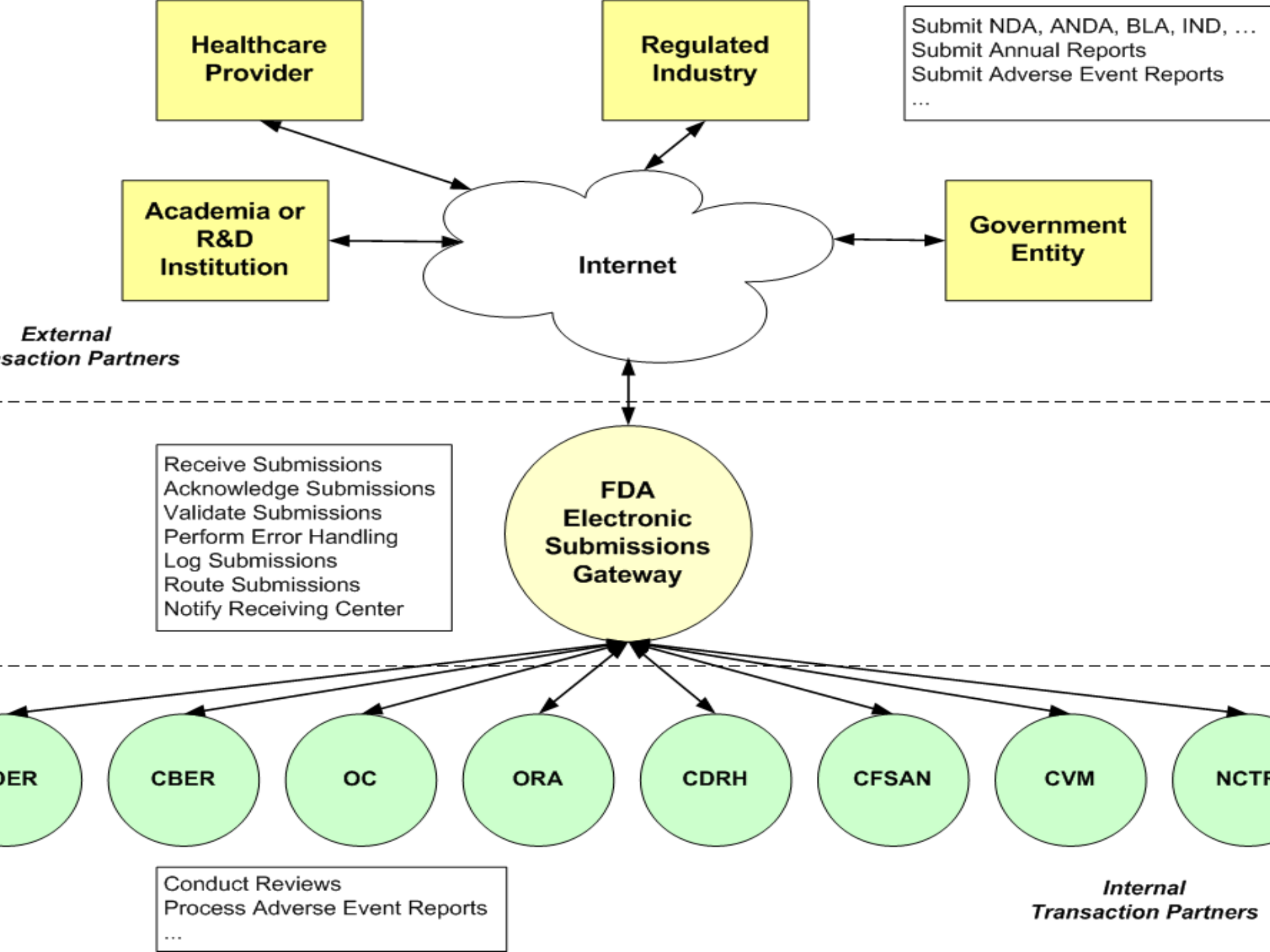
FDA Gateway Program

◆ Project Leads

- Project Officer – Mark Gray OC/OCIO
- Program Manager – Michael B. Fauntleroy CBER/OD
- Technical Lead – Joseph Montgomery CBER/OIM

FDA GATEWAY

- ◆ New Gateway project
- ◆ Web enabled
- ◆ Ultimately will replace present ESTR1 Gateway
- ◆ Project Team
- ◆ Participants
 - CBER
 - CDER
 - CDRH
 - CFSAN
 - OC/OCIO
 - ORA



FDA Gateway

➤ Project Started 9/2003

➤ Documents Generated

- System Requirements Specification - 12/18/2003
- System Architecture Specification – 12/18/2003
- SHARE Project Plan – 12/18/2003
- Statement of Work
 - ◆ Draft – 12/18/2003
 - ◆ Finalized – 2/13/2004
 - ◆ Contract Staff Revisions – 3/15/2004
- RFP – xx/2004?
- Contract Awarded - xx/2004

FDA Gateway

» Focus

- Receiving Submissions and Amendments
 - ◆ INDs
 - ◆ BLAs
 - ◆ IDEs
 - ◆ eCTDs
 - ◆ etc.
- Adverse Event Reporting
 - ◆ AERS
 - ◆ VAERS
 - ◆ BAERS
 - ◆ etc.
- External Communications

FDA Gateway

◆ Incremental Development Effort

■ Four Increments

- ◆ **Deploy Core Elements of Gateway**
- ◆ **First Increment – enable receipt of electronic applications and adverse event reporting to CBER and CDER**
- ◆ **Second Increment – enable all non-PDUFA Center to receive electronic submissions of all types**
- ◆ **Third Increment – enable interaction with external Gateway Interfaces**

FDA Gateway

- ◆ Employ the use of an Applet/Servlet
- ◆ Transaction Partners
- ◆ Configurable Gateway
- ◆ Center Designations/Application Types
- ◆ OC-3 line
- ◆ Shall Support Multiple Applications/Submissions Sessions
 - Individual files up to 100 megabyte
 - 100 gigabyte application
 - 25 1-5 gigabyte applications
 - AERS submissions

FDA Gateway

◆ AERS/VAERS/BEARS Reporting

- Average Number per Day 2K, Peak number 4K
- Average report size under 50 Kilobytes
- Attachment max size 50 megabyte

◆ Employ

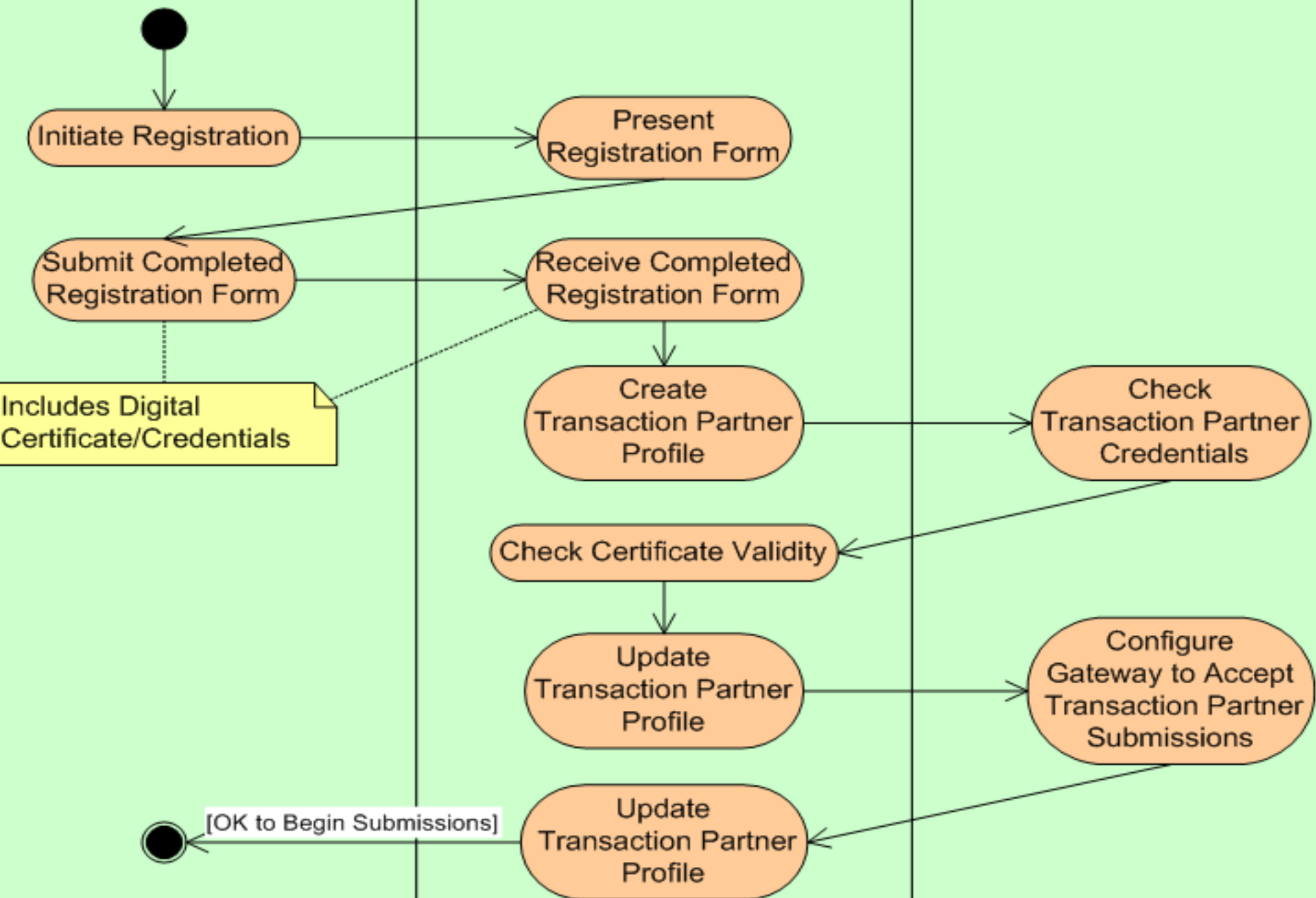
- Redundant Architecture and Technologies
- Reliable Technologies
- Redundant Systems Components

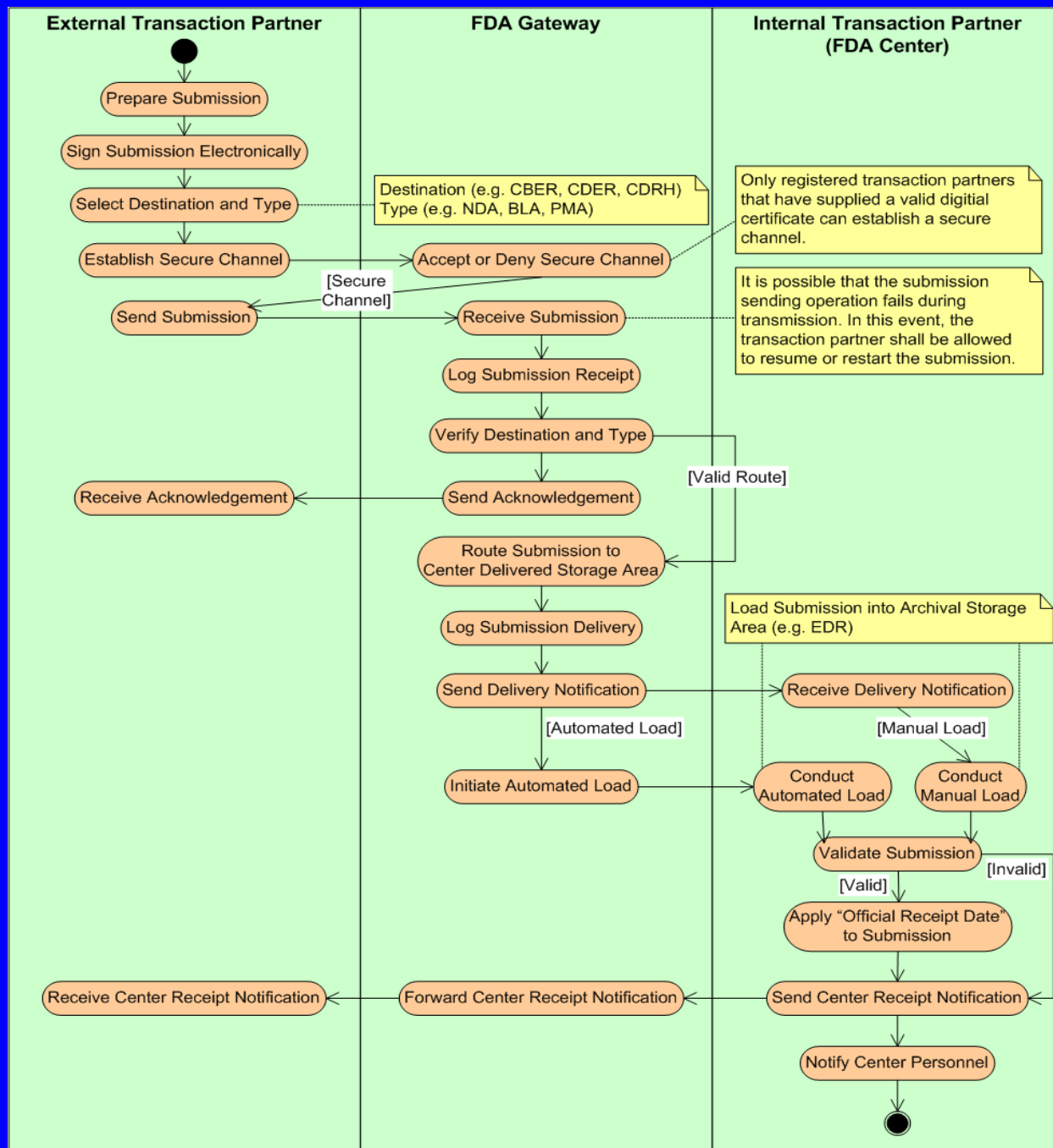
◆ Dependable (24x7x365)

Transaction Partner

FDA Gateway

Administrator





Summary

- CBER is the first Center to accept fully electronic regulatory documents with digital signatures
- CBER is the first Center to utilize fully automated submission processing (ESM)
- CBER is the first Center to receive regulatory submissions without paper or electronic media – just bits and bytes
- The EDR coupled with ESM and e-Routing form a complete set of robust review tools that decrease regulatory processing time and thereby facilitate the reviewers access to submission information. These tools were developed in conjunction with the review community
- CBER has established a low to no cost electronic adverse events reporting paradigm that features the use of pdf smart forms
- CBER is the lead Center for the Development of the New FDA Gateway

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